

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						10/031831	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1		1			
3		1		1			
4		1		1			
5		1		1			
6		1		1			
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48							
49							
50							
TOTAL IND.		1					
TOTAL DEP.		13					
TOTAL CLAIMS		14					